

# Prostate Cancer™

U P D A T E

Conversations with Urologic Oncology Investigators  
Bridging the Gap between Research and Patient Care

**MODERATOR**

Neil Love, MD

**FACULTY**

Peter R Carroll, MD, MPH

Anthony V D'Amico, MD, PhD

William K Oh, MD

***SPECIAL ISSUE***

Proceedings from a  
Roundtable Discussion on  
Key Clinical Presentations  
and Papers in Prostate Cancer

**CME**  
Certified



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## *Prostate Cancer Update*

### A Continuing Medical Education Audio Series

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#### OVERVIEW OF ACTIVITY

Approximately 220,000 new cases of prostate cancer are diagnosed yearly in the United States, accounting for approximately one third of new cancer cases in men. Published results from clinical trials lead to the continuous emergence of novel surgical techniques, radiation therapy approaches and systemic agents, along with changes in the indications for existing treatments. In order to offer optimal patient care — including the option of clinical trial participation — the practicing urologist, radiation oncologist and medical oncologist must be well informed of these advances. To bridge the gap between research and practice, this issue of *Prostate Cancer Update* features roundtable discussions by our expert faculty of radiation oncologists, urologists and medical oncologists of recently published or presented papers in prostate cancer. By providing information on the latest research developments and expert perspectives, this CME activity assists clinicians with the formulation of up-to-date clinical management strategies.

#### LEARNING OBJECTIVES

- Evaluate the clinical implications of emerging research findings in prostate cancer treatment and surveillance, and incorporate these data into evidence-based management strategies.
- Assess the clinical utility of prostate cancer-specific prognostic markers and risk-assessment tools, including the systems pathology approach, in treatment decision-making.
- Compare and contrast the efficacy and side effects of longer- versus shorter-duration androgen deprivation therapy (ADT) for the adjunctive treatment of early and locally advanced prostate cancer.
- Appraise the data for neoadjuvant, concurrent and adjuvant ADT in combination with radiation therapy, and identify patients that may benefit from these therapeutic strategies.
- Counsel patients with prostate cancer about the impact of ADT on bone, cardiovascular and endocrine health.
- Delineate the potential risks and benefits of chemotherapy for nonmetastatic prostate cancer.
- Summarize emerging efficacy and safety data for targeted agents in castration-resistant prostate cancer, including specific endothelin A receptor antagonists and novel inhibitors of testosterone synthesis or activity.

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# Prostate Cancer™

U P D A T E

## MODERATOR



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Medical Oncologist  
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Miami, Florida

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**FACULTY** — **Dr D'Amico** had no real or apparent conflicts of interest to disclose. The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process: **Dr Carroll** — Speaking Honoraria: AstraZeneca Pharmaceuticals LP, Millennium Pharmaceuticals Inc. **Dr Oh** — Advisory Committee: Genentech BioOncology, GPC Biotech, Sanofi-Aventis, Wyeth; **Speakers Bureau**: Sanofi-Aventis.

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## QUESTIONS (PLEASE CIRCLE ANSWER):

1. In long-term follow-up of RTOG-9202, which of the following endpoints was **not** improved in patients with locally advanced prostate cancer who received two years of AST after perioperative AST and radiation therapy compared to patients who received perioperative AST and radiation therapy alone?
  - a. Prostate cancer-specific survival
  - b. Distant metastases
  - c. Local progression
  - d. PSA progression
  - e. Overall survival
2. In an observational study of 20,000 men 66 years old or older, those who received ADT for at least six months had an increased risk of which of the following?
  - a. Bone fracture
  - b. Diabetes
  - c. Acute myocardial infarction
  - d. Both a and b
  - e. a, b and c
3. The systems pathology approach utilizes \_\_\_\_\_ for analysis to predict outcome after radical prostatectomy.
  - a. Whole fresh biopsy specimens
  - b. Paraffin-embedded needle biopsy specimens
4. Androgen receptor levels in both needle biopsy and prostatectomy specimens are associated with overall survival in castration-resistant prostate cancer.
  - a. True
  - b. False
5. In a randomized Phase III trial of patients with nonmetastatic, PSA-recurrent prostate cancer treated with intermittent LHRH therapy, the addition of thalidomide resulted in a delay in PSA progression compared to patients receiving placebo.
  - a. True
  - b. False
6. ZD4054 is \_\_\_\_\_.
  - a. An EGFR tyrosine kinase inhibitor
  - b. A VEGFR antagonist
  - c. An endothelin A receptor antagonist
  - d. An HDAC inhibitor
7. In a Phase II trial, patients with hormone-resistant metastatic prostate cancer treated with ZD4054 at two different doses experienced a statistically significant \_\_\_\_\_ in the risk of death compared to those who received placebo.
  - a. Seven to 10 percent increase
  - b. 10 to 15 percent decrease
  - c. 35 to 45 percent decrease
8. In a Phase I clinical trial for patients with castration-resistant prostate cancer, abiraterone acetate resulted in a  $\geq 50$  percent decline in PSA in approximately \_\_\_\_\_ percent of patients.
  - a. 25
  - b. 35
  - c. 57
9. In an analysis of SEER registry data of 19,000 men with T1 or T2 prostate cancer who did not receive local therapy, no difference was observed in overall survival among men treated with hormonal therapy versus those treated with watchful waiting.
  - a. True
  - b. False
10. In RTOG-8610, the addition of \_\_\_\_\_ of androgen deprivation therapy to external beam radiation therapy resulted in a statistically significant improvement in disease-specific survival in men with locally advanced prostate cancer.
  - a. Two months
  - b. Four months
  - c. One year
  - d. Two years

**EDUCATIONAL ASSESSMENT AND CREDIT FORM**

*Prostate Cancer Update — Issue 3, 2008*

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

**PART ONE — Please tell us about your experience with this educational activity**

**BEFORE completion of this activity, how would you characterize your level of knowledge on the following topics?**

4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

Systems pathology approach in prostate cancer .....	4	3	2	1
Risks and benefits of longer-duration ADT, alone and combined with radiation therapy .....	4	3	2	1
Novel targeted therapies in prostate cancer, including ZD4054 and abiraterone acetate .....	4	3	2	1
Cancer-specific and overall survival in the 10-year follow-up of RTOG-9202 evaluating two years or longer of androgen deprivation therapy (ADT) .....	4	3	2	1
Risk of recurrence and death with radiation therapy alone versus radiation therapy combined with androgen suppression therapy .....	4	3	2	1
RTOG-8610: Short-term neoadjuvant ADT and external beam radiation therapy for locally advanced prostate cancer .....	4	3	2	1

**AFTER completion of this activity, how would you characterize your level of knowledge on the following topics?**

4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

Systems pathology approach in prostate cancer .....	4	3	2	1
Risks and benefits of longer-duration ADT, alone and combined with radiation therapy .....	4	3	2	1
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Risk of recurrence and death with radiation therapy alone versus radiation therapy combined with androgen suppression therapy .....	4	3	2	1
RTOG-8610: Short-term neoadjuvant ADT and external beam radiation therapy for locally advanced prostate cancer .....	4	3	2	1

**Was the activity evidence based, fair, balanced and free from commercial bias?**

Yes  No

If no, please explain: .....

**Will this activity help you improve patient care?**

Yes  No  Not applicable

If no, please explain: .....

**Did the activity meet your educational needs and expectations?**

Yes  No

If no, please explain: .....

**Please respond to the following LEARNER statements by circling the appropriate selection:**

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = Learning objective not met N/A = Not applicable

**As a result of this activity, I will be able to:**

- Evaluate the clinical implications of emerging research findings in prostate cancer treatment and surveillance, and incorporate these data into evidence-based management strategies..... 4 3 2 1 N/M N/A
- Assess the clinical utility of prostate cancer-specific prognostic markers and risk-assessment tools, including the systems pathology approach, in treatment decision-making..... 4 3 2 1 N/M N/A
- Compare and contrast the efficacy and side effects of longer- versus shorter-duration androgen deprivation therapy (ADT) for the adjuvant treatment of early and locally advanced prostate cancer..... 4 3 2 1 N/M N/A
- Appraise the data for neoadjuvant, concurrent and adjuvant ADT in combination with radiation therapy, and identify patients that may benefit from these therapeutic strategies..... 4 3 2 1 N/M N/A
- Counsel patients with prostate cancer about the impact of ADT on bone, cardiovascular and endocrine health..... 4 3 2 1 N/M N/A
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**EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)**

**What other practice changes will you make or consider making as a result of this activity?**

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 .....

**What additional information or training do you need on the activity topics or other oncology-related topics?**

.....  
 .....

**Additional comments about this activity:**

.....  
 .....

**As part of our ongoing, continuous quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey:**

Yes, I am willing to participate in a follow-up survey.  No, I am not willing to participate in a follow-up survey.

**PART TWO — Please tell us about the moderator and faculty for this educational activity**

	4 = Very good	3 = Above average	2 = Adequate	1 = Suboptimal	
<b>Faculty</b>	<b>Knowledge of subject matter</b>			<b>Effectiveness as an educator</b>	
Peter R Carroll, MD, MPH	4	3	2	1	4 3 2 1
Anthony V D'Amico, MD, PhD	4	3	2	1	4 3 2 1
William K Oh, MD	4	3	2	1	4 3 2 1
<b>Moderator</b>	<b>Knowledge of subject matter</b>			<b>Effectiveness as an educator</b>	
Neil Love, MD	4	3	2	1	4 3 2 1

**Please recommend additional faculty for future activities:**

.....

**Other comments about the moderator and faculty for this activity:**

.....

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**I certify my actual time spent to complete this educational activity to be \_\_\_\_\_ hour(s).**

Signature: ..... Date: .....

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